

**MakerSpace Waiver**

I, \_\_\_\_\_, affirm that the information I have provided on the Maker Agreement is current, true, and correct. I understand that this information may be subject to verification.

I, \_\_\_\_\_, do hereby for myself, on behalf of my heirs, successors, and assigns, in consideration of being permitted to use tools and equipment, waive any and all claims against the Lincoln Heritage Public Library, for any personal injury, illness, death or liability resulting from or arising out of the carelessness, recklessness, negligence and/or fault of the Lincoln Heritage Public Library.

I, \_\_\_\_\_, do hereby for myself, on behalf of my heirs, successors and assigns, in consideration of being permitted to use tools and equipment, agree to release and indemnify and hold harmless and defend the Lincoln Heritage Public Library and their offices, agents, volunteers, board of directors and employees from any and all liability, loss, claims and demands, actions or cause of action for the death or injury to any persons and for any property damage suffered or incurred by any person which arises or may arise or be occasioned in any way from the maker or possession of tools, technology, equipment or supplies I am using in the MakerSpace. Any available insurance of the maker's shall be primary and the LHPL's will be Non-contributory.

The parties intend each provision to be severable and separate and apart from one another.

The parties agree that any and all disputes resulting in litigation will be commenced, litigated and adjudicated only in the County of Spencer, State of Indiana pursuant the laws of the State of Indiana.

If a court of law construes that any part of this release is invalid, such construction shall not invalidate the remainder of this release.

I have read this release, have no questions about its meaning and voluntarily accept the terms of this release by signing my name. By signing this release, I agree to abide by LHPL Makerspace Policies and Maker Responsibilities, and I acknowledge receipt of the same.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Any Maker under age eighteen (18) years of age must also obtain the following consent release before using the Lincoln Heritage Public Library MakerSpace.**

I, \_\_\_\_\_, am the parent or guardian of

\_\_\_\_\_. I consent to this and state that I have read the agreement and release, have no questions about its meaning and voluntarily accept the terms of this release by signing my name below.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*Permission of additional person(s) to accompany my child in the MakerSpace:* I authorize the person(s) listed below to accompany my child in the MakerSpace. I understand adults accompany children must also be certified for the rooms, have a signed waiver on file and be certified to use equipment when required.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Waiver Signed: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Waiver Signed: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_